IVIMEDS:
An idea ahead of its time?

IAMSE Webinar – 14 March 2013

http://www.flickr.com/photos/59939034@N02/5476290876/

Overview

- IVIMEDS – the concept
- Issues and barriers to participation
- Ahead of its time
- New trends – MOOCs & FOAMed

An idea is born …

Ronald Harden & Ian Hart

2002

Feasibility study involving 52 medical schools from across 16 countries

Concept endorsed

… develop carefully but purposefully to an agreed timetable with clear targets and milestones guided by the Partner Institutions

2003

IVIMEDS formally launches with 32 founding partner institutions …

Membership £25k

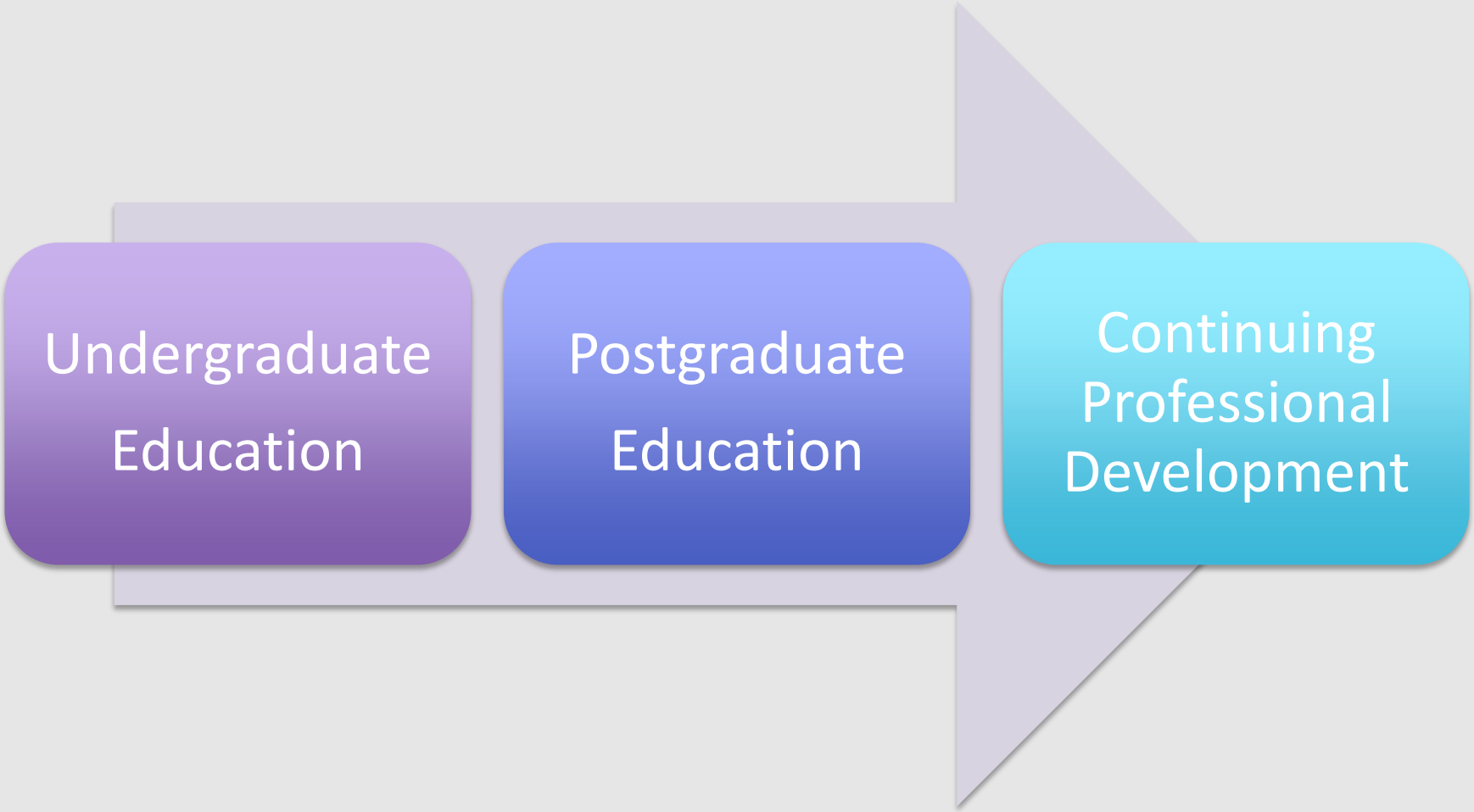
Purpose

Setting new standards in medical education through a partnership of leading edge medical schools and institutions, blending high quality e-learning and face-to-face learning.

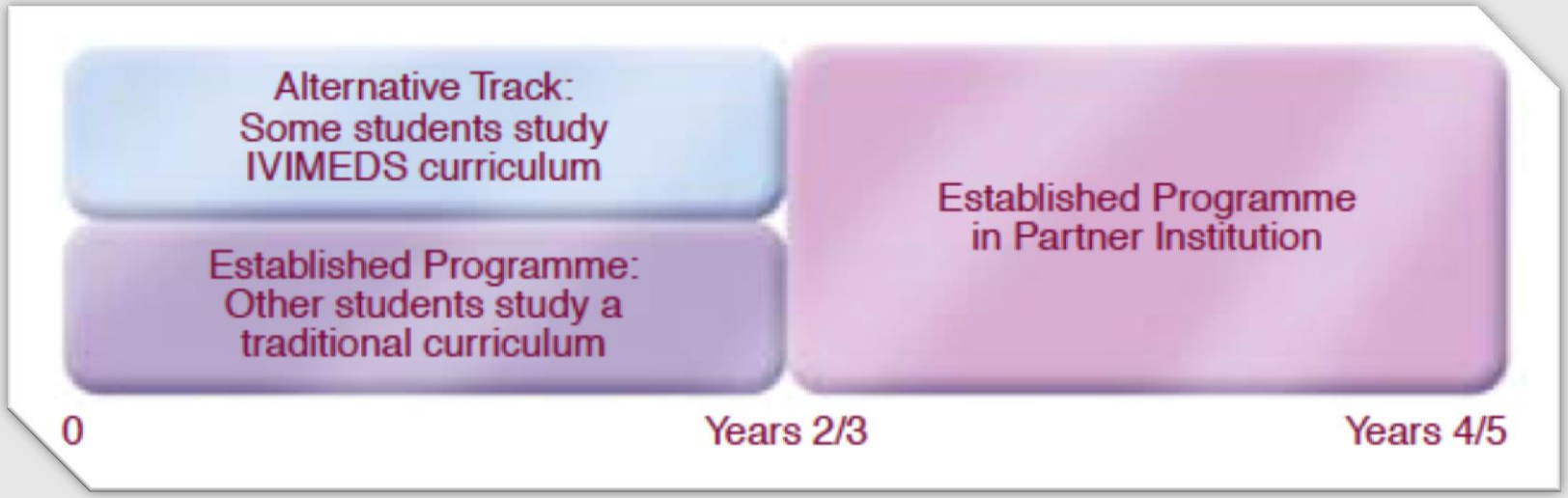
Objectives

- Academic excellence
- High quality & reliable delivery system
- Sound business practice

Continuum of education



Aspiration


Alternative Track:
Some students study
IVIMEDS curriculum
Established Programme:
Other students study a
traditional curriculum
Established Programme
in Partner Institution
0
Years 2/3
Years 4/5

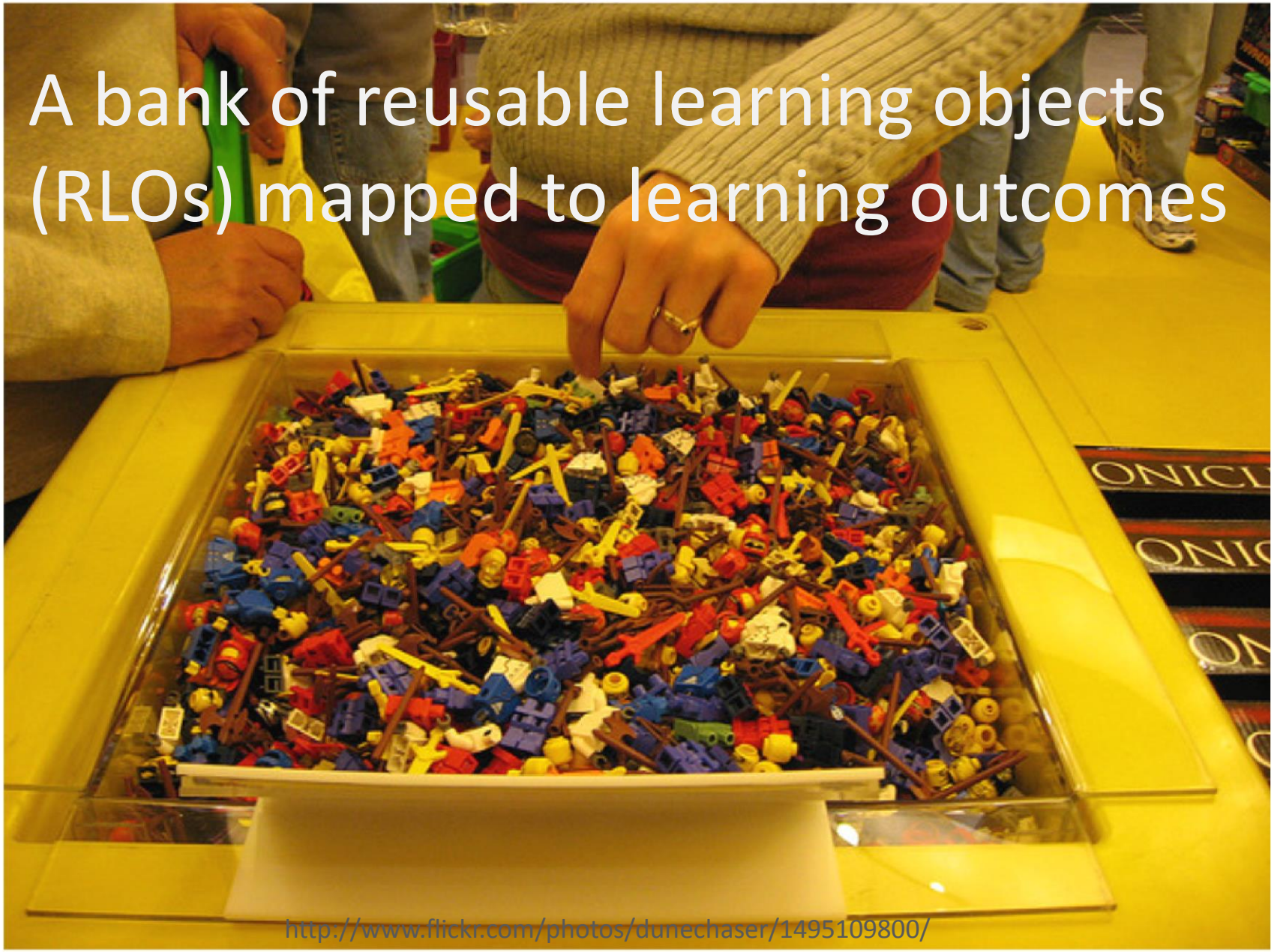
Governance

- Board of Directors
- Executive Council
- Steering Council – annual meeting
- Working groups -education & technology

Delivering the vision

Learning resources to support the undergraduate curriculum and a reliable platform

A bank of reusable learning objects (RLOs) mapped to learning outcomes



http://www.flickr.com/photos/dunechaser/1495109800/

RLOs repurposed into learning resources and courses to meet local context

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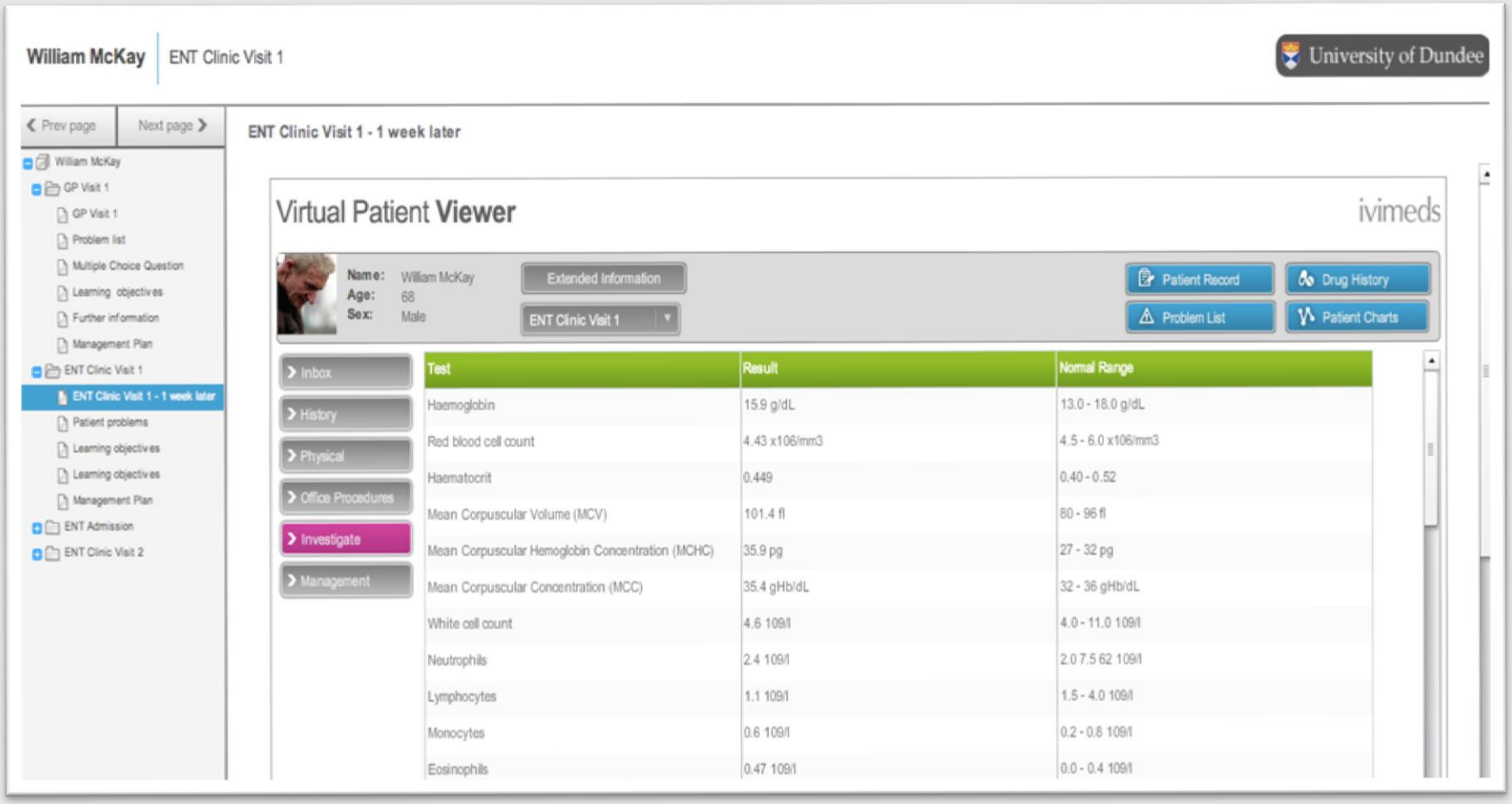


Virtual patients based on core clinical problems

Learning Resources Peer Reviewed

How did things unfold?

Core content delivered

- Cardiovascular course developed with input from Universities of Florida, Miami and Dundee
- Stroke resources developed by Dundee with input from Wake Forest
- Virtual patients
- Learning repository

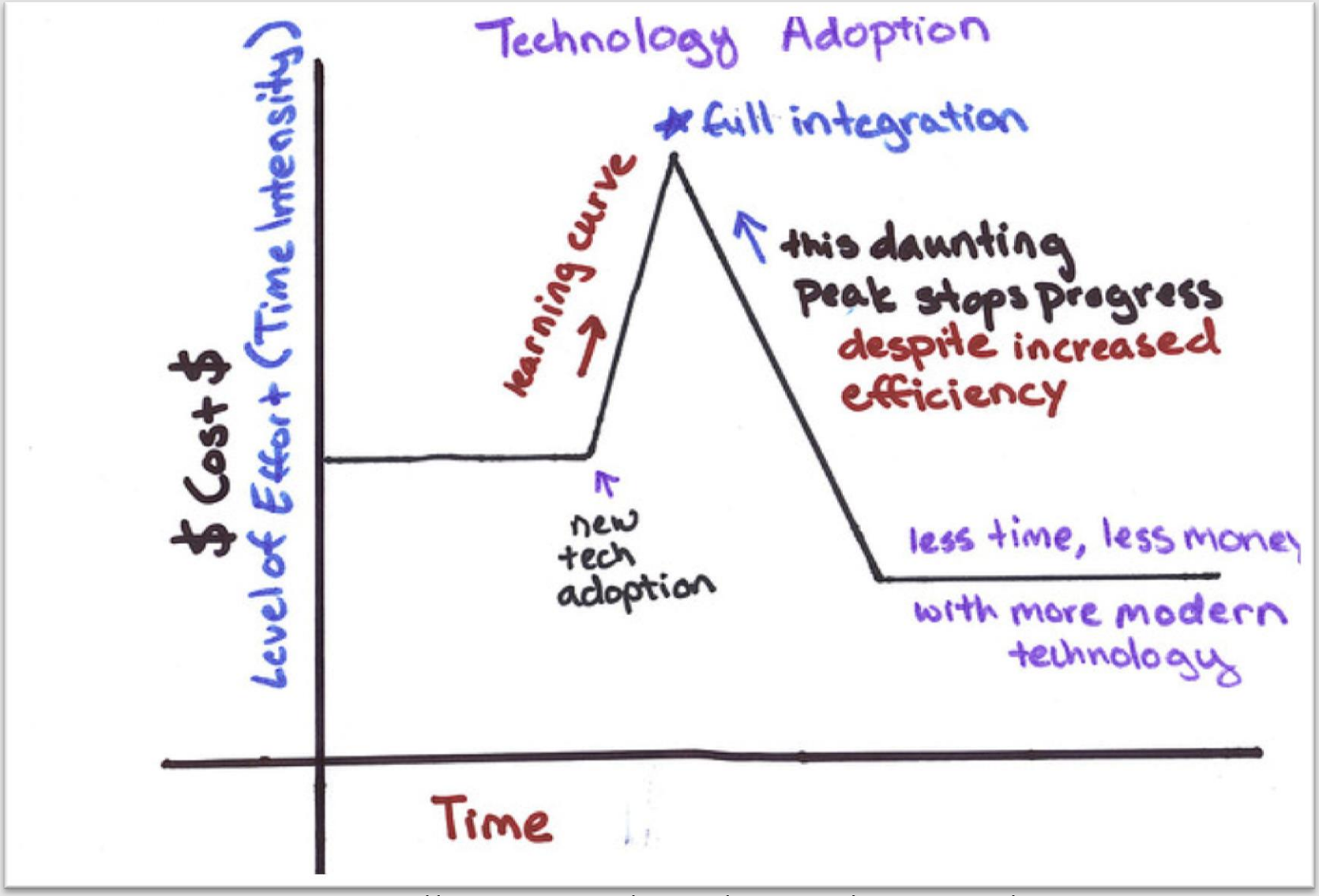
http://www.flickr.com/photos/r000pert/136999467/

Motives

Why did institutions become members?

http://www.flickr.com/photos/darrentunnicliff/4469318003/

Different levels of technology adoption



http://www.flickr.com/photos/veribatim/4377329715/

http://www.flickr.com/photos/cambodia4kidsorg/7428951526/

Peer review becomes a bottle neck

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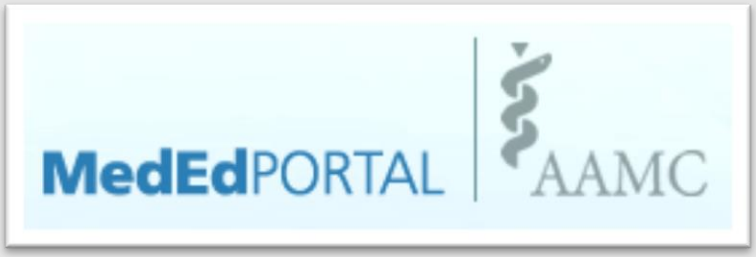
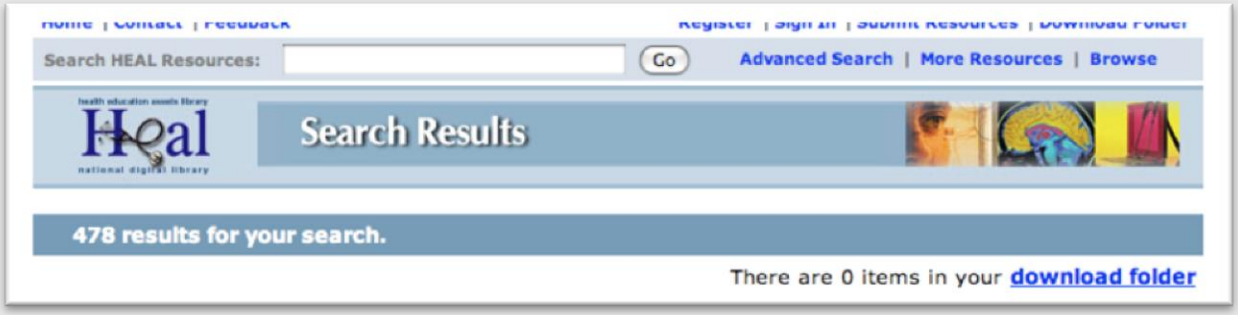
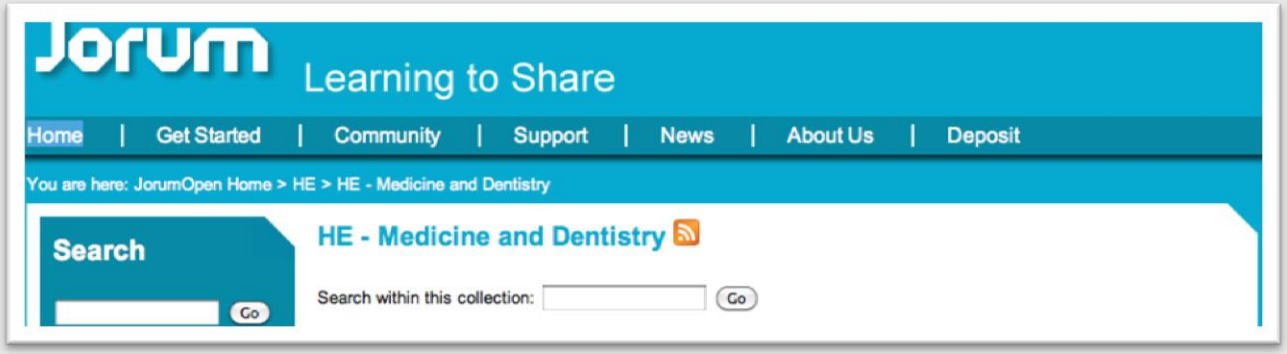
Competition







Deliverables not delivered

Members pull out

Not seen as value for money

But also some positives

2011; 33: 311–318 MEDICAL TEACHER

Integration of e-learning resources into a medical school curriculum

S.E.O. KHOGALI[1], D.A. DAVIES[2], P.T. DONNAN[1], A. GRAY[1], R.M. HARDEN[1], J. MCDONALD[1], M.J. PIPPARD[1], S.D. PRINGLE & N. YU[1]

[1]University of Dundee School of Medicine, UK, [2]Warwick Medical School, UK

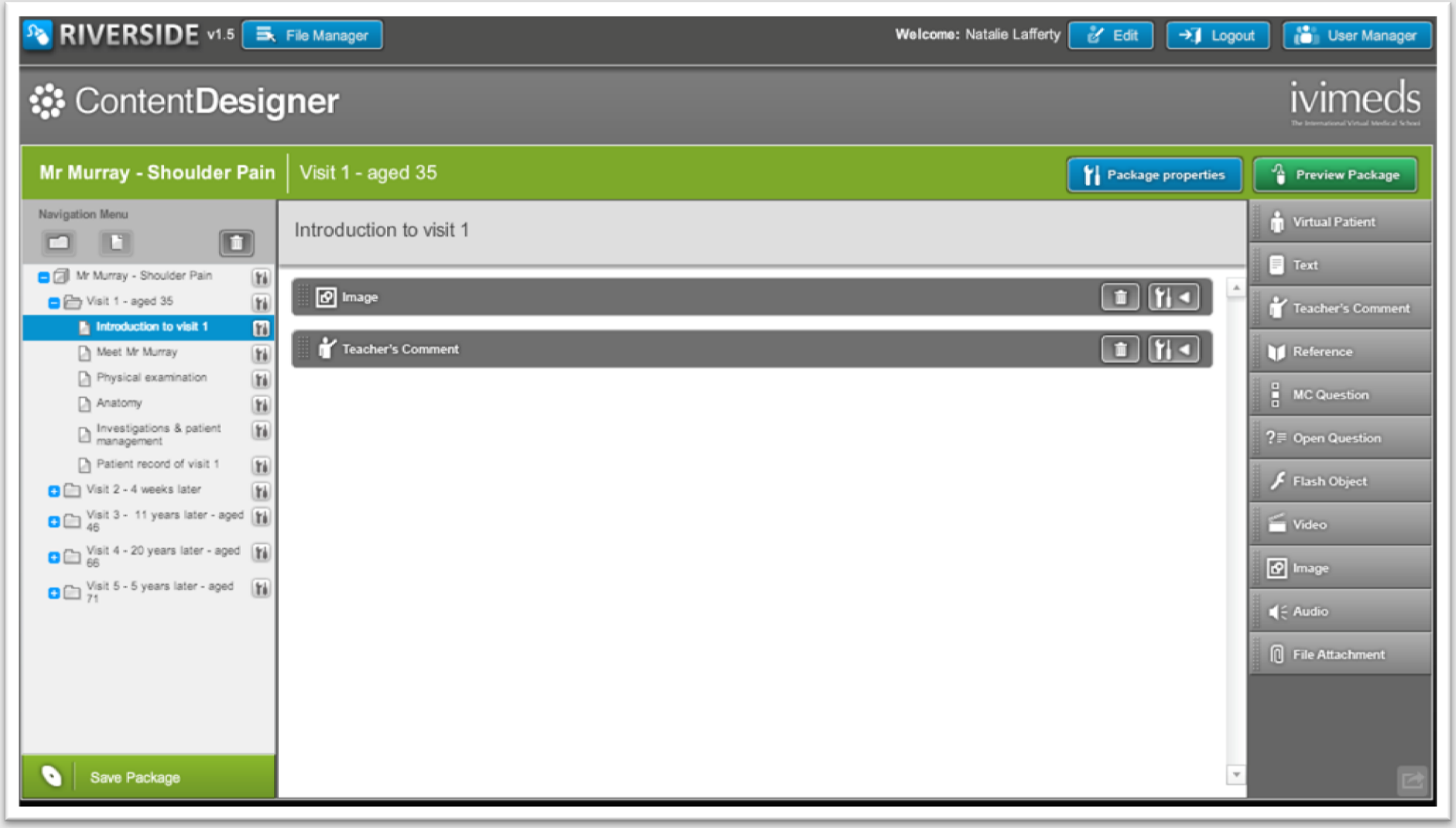
Abstract

Background: E-learning has the potential to make important contributions to medical education, but there has been limited study of a blended approach in which the digital resources are introduced alongside traditional teaching methods such as lectures.

Methods: We describe the successful embedding of an e-learning resource into 3 of the 5 weeks of cardiovascular system teaching for 164 first-year medical students by providing scheduled slots in the timetables. A questionnaire completed by the students at the end of the 5 weeks had a response rate of 66%. Students varied in how they made use of the resource, some systematically working through it and others browsing and studying sections felt to be personally most relevant.

Results: Almost all (96%) rated the e-learning resources as probably or definitely of value: they particularly valued interactive activities, animations, video demonstrations, video clips of experts and self-assessment exercises. Graduate students had a significantly more favourable assessment of the e-learning resources than their undergraduate colleagues, while female students felt the value in supporting existing learning opportunities more strongly than male students.

Conclusions: It should not be assumed that all students will choose to use an e-learning resource in the same way and instructional design should enable alternative approaches. The sequence in which the e-learning resource is used in relation to the other learning opportunities, such as lectures and PBL group discussions, may be important and merits further consideration. The experiences reported in this study provide encouragement and pointers for others engaged in the integration of e-learning in their curriculum.



Riverside content authoring tool

Drugs

instantly accessible interactive clinical pharmacology learning modules

Barts and The London
School of Medicine and Dentistry

Adenosine	**Antacids**	**Anticoagulation1**	**Anticoagulation2**
			
Anti-emetics	**Anti-epileptics**	**Antimotility drugs**	**Aspirin**
Benzylpenicillin	**Beta blockers**	**Blood & transfusion**	**Flecainide**
Gentamicin	**IV Fluids**	**Laxatives**	**Macrolides**
Morphine	**N-acetylcysteine**	**NSAIDS**	**Paracetamol**
Statins	**Trimethoprim**	**Prescribing Skills 1**	**Prescribing Skills 2**
Prescribing Skills 3	**Prescribing Skills 4**	**Prescribing Skills 5**	**Prescribing Skills 6**
Prescribing Skills 7	**Prescribing Skills 8**		

hese are approximately 20 minute modules. The aim is to support clinical learning on the wards and in the clinics in a useful and interesting manner.

2013

IVIMEDS still going with 12 members

…changing organizational structure from company to academic partnership to

Meanwhile …

MOOC providers

- Coursera
- EdX
- Udacity
- Futurelearn

coursera

Courses Universities About

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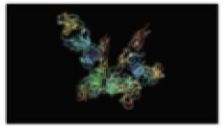
- [ ] ering

Emory University
AIDS
with Kimberley Sessions Hagen
Feb 25th 2013
9 weeks long

Duke University
Introductory Human Physiology
with Jennifer Carbrey & Emma Jakoi
Feb 25th 2013
12 weeks long
Signature Track

University of Pennsylvania
"Pay Attention!!" ADHD Through the Lifespan
with Anthony L. Rostain
Mar 18th 2013
12 weeks long

Duke University
Medical Neuroscience
with Leonard E. White
Mar 25th 2013
8 weeks long



University of California, San Diego
Drug Discovery, Development & Commercialization
with Williams S. Ettouati & Joseph D. Ma
Apr 19th 2013
9 weeks long

coursera

Courses Universities About

UCSF
University of California
San Francisco

Clinical Problem Solving

Catherine R. Lucey

Participants will learn how to move efficiently from patient signs and symptoms to a rational and prioritized set of diagnostic possibilities and will learn how to study and read to facilitate this process.

Current Session:

Feb 11th 2013 (6 weeks long) Sign Up

Workload: 4-6 hours/week

189 Tweet 112 +1 1.3k Like

About the Course

Clinical problem solving or diagnostic reasoning is the skill that physicians use to understand a patient's complaints and then to identify a short, prioritized list of possible diagnoses that could account for those complaints. This differential diagnosis then drives the choice of diagnostic tests and possible treatments. Despite advances in information technology, clinical problem solving has not yet

About the Instructor

Catherine R. Lucey
University of California,
San Francisco

Will this model develop?

But … concerns about pedagogy in MOOCs

Free Open Access Meducation

#FOAMed

#FOAMed Community – Grass roots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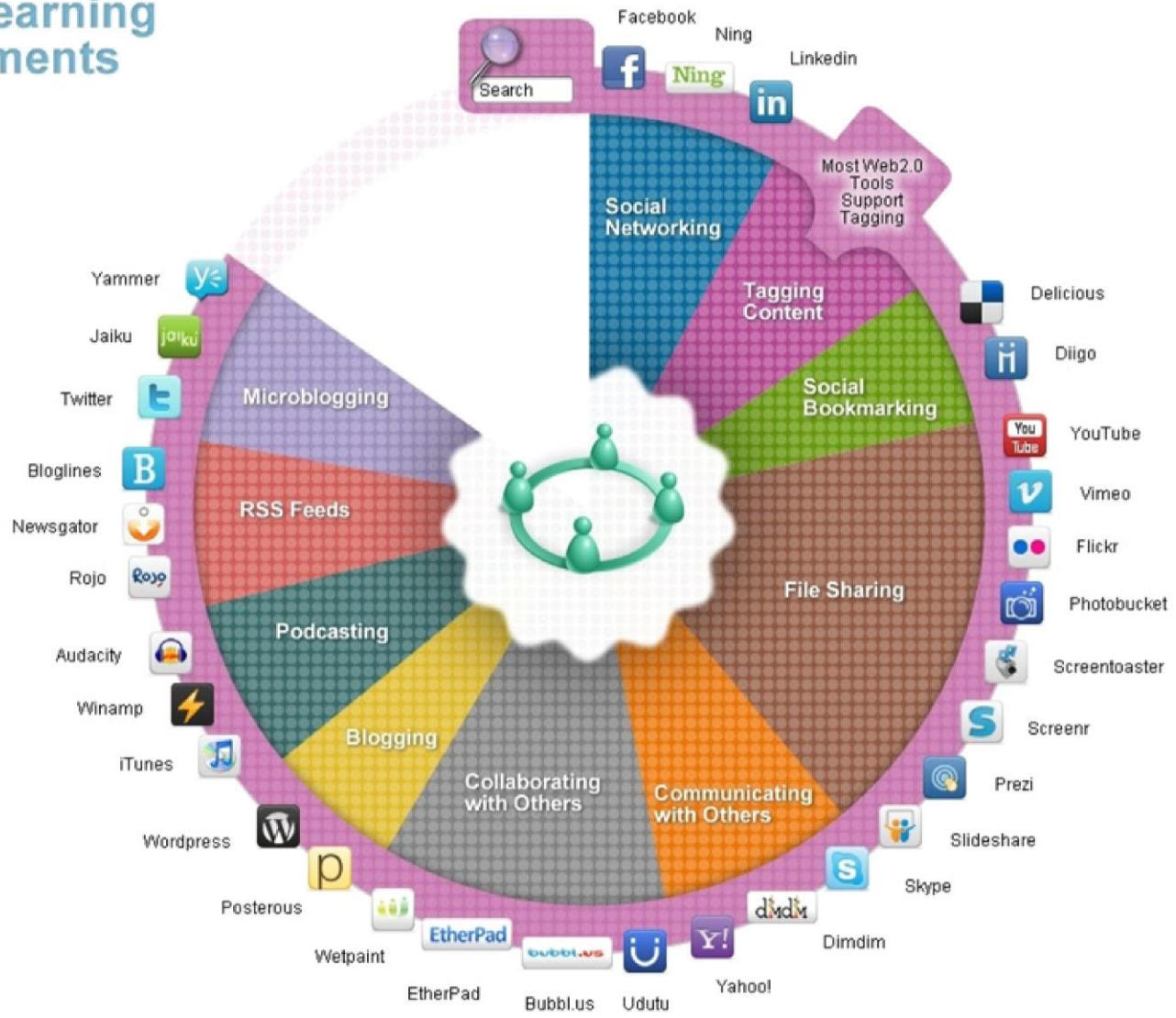
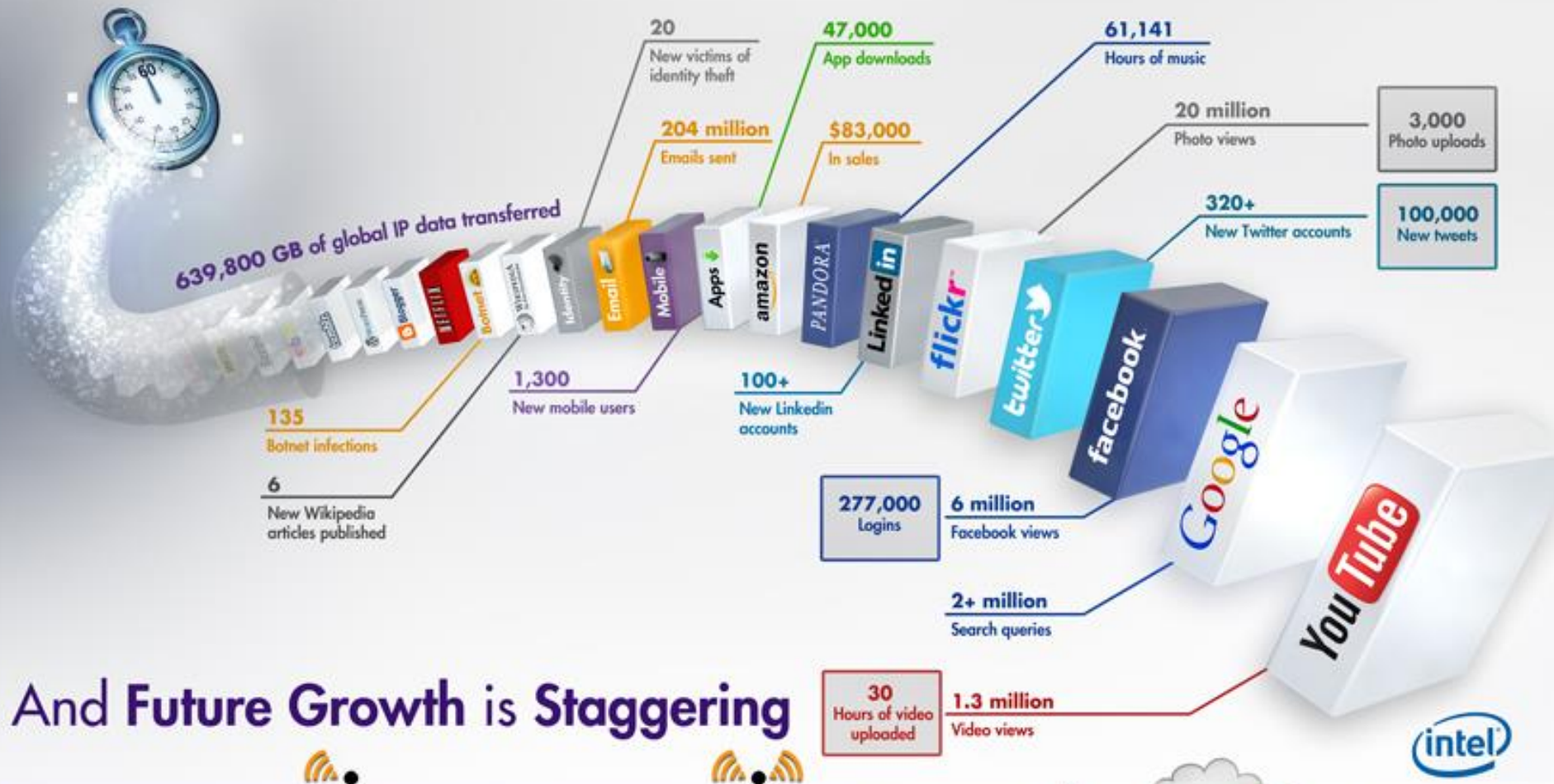
Global Medical Education Project
Jarrah passlow
Earned the profile completed badge
250 POINTS
Ready to be a part of medical history? Register for free in under 30 seconds...
REGISTER FREE
Welcome to the Global Medical Education Project.
The site is currently in beta, please give us your feedback.

gmep.org



Web 2.0 tools for social learning

What Happens in an **Internet Minute?**



And **Future Growth** is **Staggering**

Today, the number of networked devices = the global population

By **2015**, the number of networked devices = **2x** the global population

In **2015**, it would take you **5 years** to view all video crossing IP networks each **second**

intel

http://scoop.intel.com/what-happens-in-an-internet-minute/

Article

YouTube as a Platform for Publishing Clinical Skills Training Videos

David Topps, MD, Joyce Helmer, EdD, and Rachel Ellaway, PhD

Abstract

The means to share educational materials have grown considerably over the years, especially with the multitude of Internet channels available to educators. This article describes an innovative use of YouTube as a publishing platform for clinical educational materials.

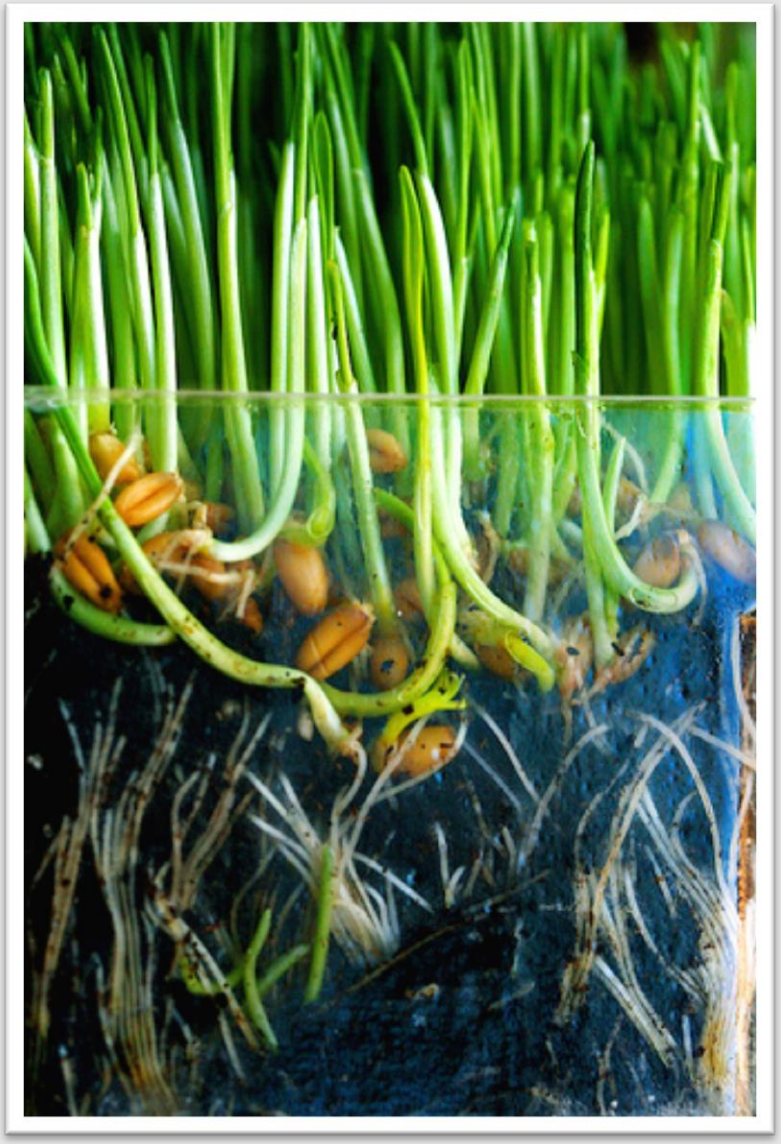
The authors posted online a series of short videos for teaching clinical procedures anticipating that they would be widely used. The project Web site attracted little traffic, alternatives were considered, and YouTube was selected for exploration as a publication channel. YouTube's analytics tools were used to assess uptake, and viewer comments were reviewed for specific feedback in support of evaluating and improving the materials posted.

The uptake was much increased with 1.75 million views logged in the first 33 months. Viewer feedback, although limited, proved useful. In addition to improving uptake, this approach also relinquishes control over how materials are presented and how the analytics are generated. Open and anonymous access also limits relationships with end users.

In summary, YouTube was found to provide many advantages over self-publication, particularly in terms of technical simplification, increased audience, discoverability, and analytics. In contrast to the transitory interest seen in most YouTube content, the channel has seen sustained popularity. YouTube's broadcast model diffused aspects of the relationship between educators and their learners, thereby limiting its use for more focused activities, such as continuing medical education.

Academic Medicine Vol 88 (2) February 2013


Learning networks
2012 maureen flynn-burhoe
http://www.flickr.com/photos/oceanflynn/6638184545/



The conditions were perhaps not right back in 2003 for IVIMEDS to realise its original vision …

Perhaps if it was starting in 2013 it would be different …

Keys to success would include funding, engagement and available technologies

Is it needed?

Questions and discussion

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